GOVERNMENT OF ANDHRA PRADESH
ABSTRACT

The Andhra Pradesh Allied and Healthcare Professions Rules, 2021 issued under the provisions of the National Commission for Allied and Healthcare Professions Act, 2021 – Notification – Orders – Issued.

HEALTH, MEDICAL AND FAMILY WELFARE (G1) DEPARTMENT

G.O.Ms.No.47. **Dated.12.03.2022.**

Read the following:-

1. The Andhra Pradesh Para Medical Board Act, 2006 (Andhra Pradesh Act 38 of 2006) published in Andhra Pradesh Gazette, Part-IV–B Extraordinary issue dated 25-09-2006
2. The National Commission for Allied & Healthcare Professions Act, 2021
3. The National Commission for Allied & Healthcare Professions Rules, 2021.

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The following notification will be published in the Andhra Pradesh Gazette dated.14.03.2022:

NOTIFICATION

In exercise of the powers conferred by Section 68(1)of the National Commission for Allied & Healthcare Professions Act, 2021, the Government of Andhra Pradesh hereby makes the following rules namely:-

1. Short title, extent and commencement:

(1) These Rules may be called as the Andhra Pradesh Allied and Healthcare Professions Rules, 2021.
(2) They shall come into force from the date of their publication in the official gazette.

2. Definitions:

1. In these rules, unless the context otherwise requires:-

(a) "Act" means the National Commission for Allied & Healthcare Professions Act, 2021.

(b) "Annexure" means annexure appended to these rules

(c) "Form" means a Form appended to these rules

(d) "Allied and Healthcare Institution" means, an educational or research institution which grants diploma or undergraduate, postgraduate or doctoral degree or any other post degree certification in any allied and healthcare professional under the Act

(e) "Allied and healthcare professional" means any allied health professional or healthcare professional under the Act.

(f) "Allied health professional" includes an associate, technician or technologist who is trained to perform any technical and practical task to support diagnosis and treatment of illness, disease, injury or impairment, and to support implementation of any healthcare treatment and referral plan recommended by a medical, nursing or any other healthcare professional, and who has obtained any qualification of diploma or degree under this Act, the duration of which shall not be less than two thousand hours spread over a period of two years to four years divided into specific semesters.

(g) "Allied and healthcare qualification" means a recognized diploma or degree possessed by an allied and healthcare professional through regular learning mode under this Act or any additional recognized course obtained thereafter.

(h) Autonomous Board" means the Autonomous Board constituted under sub-section (1) of section 29 of the Act.

(i) "Central Register" means the Central Allied and Healthcare Professionals' Register maintained by the Commission under section 13 of the Act.

(j) "Commission" means the National Commission for Allied and Healthcare Profession constituted under sub-section (1) of section 3 of the Act.

(k) "Healthcare professional" includes a scientist, therapist or other professional who studies, advises, researches, supervises or provides preventive, curative, rehabilitative, therapeutic or promotional health services and who has obtained any qualification of degree under this Act, the duration of which shall not be less than three thousand six hundred hours spread over a period of three years.

(l) "Member" means a Member of the Council, including the Chairperson and Members.

(m) "Notification" means a notification published in the Official Gazette and the expression "notified" shall be construed accordingly;

(n) "Recognized categories" means any category of the allied and healthcare professionals specified in the Schedule;

(o) "Section" means a section of the National Commission for Allied and Healthcare Professions Act, 2021 (14 of 2021).

(p) "State Council" means a State Allied and Healthcare Council constituted under sub-section (1) of section 22 of the Act.

(q) "State Register" means the State Allied and Healthcare Professionals' Register maintained under section 32 of the Act.

(r) "Task shifting" means the process whereby specific tasks are moved, where appropriate to related allied and healthcare professionals specialized in those tasks, by reorganizing the health workforce efficiently for improved healthcare.

(s) "University" means a University defined under clause (f) of Section 2 of the University Grants Commission Act, 1956 and includes an institution declared to be a deemed University under section 3 of that Act.

2. The Rules shall mean and construed as the Rules made by the State Government and notified in the Andhra Pradesh Gazette.

3. Unless and otherwise, the context provides for, the expression 'Council' shall mean, the Andhra Pradesh Allied and Health Care Council.

4. All other words and expressions used herein and not defined but defined in the Act shall have the same meaning respectively assigned to them in the Act.

3. Definitions:

(1) It shall be a body corporate by the name aforesaid, having perpetual succession and a common seal, with power to acquire, hold and dispose of property, both movable and immovable, and to contract and shall by the same name sue or be sued.

(2) The Council shall exercise such powers and discharge such duties as may be laid down in Section-30 of the Act, the rules made under the Act and in these rules.

(3) Once the State Council is formed, the AP Para-Medical Board constituted under A.P Para-Medical Board Act, 2006 shall be deemed to be dissolved.

(4) Constitution of the Council: Soon after these Rules come into force, the State Government shall constitute the Council in terms of the provisions contained in Section-22 of the Act.

(5) The State Council shall consist of the following, namely,-

(a) A person of outstanding ability, proven administrative capacity and integrity, possessing a postgraduate degree in any profession of recognized category of allied and healthcare sciences (as mentioned in sub-rule (9) (a) (C)) from any University and having experience of not less than twenty-five years in the field of allied and health care sciences, out of which at least ten years shall be as leader in the area of allied and health care professions to be nominated by the State Government-Chairperson;

(b) One Director or Additional Director or Joint Director representing medical or health sciences in the State Government-exofficio Member;

(c) Two persons not below the rank of Dean or Head of the Department from any medical colleges of the State Government-exofficio Members;

(d) President of the Autonomous Boards constituted by the State Council under sub-section (1) of section 29 of the act-ex officio Member

(e) Two persons representing each of the recognized categories specified in the Schedule to be nominated by the State Government having such qualifications and experience as may be prescribed by the State Government- Members; and

(f) Two persons, representing charitable institutions engaged in education or services in connection with any recognized category, to be nominated by the State Government having such qualifications and experience as may be prescribed by the State Government-Members.

(6) The Chairperson of the State Council and Member nominated under clauses(e)and(f)of sub-section(3) of section 22 of the Act shall hold office for a term not exceeding two years from the date on which they enter upon their office and shall be eligible for re-nomination for a maximum period of two terms.

(7) Resignation & Removal of member: Notwithstanding anything contained in sub-section (1) of section 23 of the Act, the Chairperson of the State Council and Member nominated under clauses (e) and (f) of sub-section (3) of section 22 of the

Act may-

(a) Relinquish his office by giving in writing to the State Government notice of not less than three months ;or

(b) be removed from his office if he-

A). has been adjudged insolvent ;or

B). has been convicted of an offence which, in the opinion of the State Government, involves moral turpitude ;or

C). has become physically or mentally incapable of acting as a Member ;or

D). has acquired such financial or other interest as is likely to affect prejudicially his functions as a Member ;or

E). has so abused his position as to render his continuance in office prejudicial to the public interest.

(c) No such Member shall be removed from his office under clause (D) or clause (E) of sub-section (b) of rule 7 unless he has been given a reasonable opportunity of being heard in the matter.

(8) Cessation of membership & filling up of casual vacancy of member.

(a) A Member under clause(b) or clause(c) of sub-section (3) of section 22 of the Act, shall cease to be a Member of the State Council on his cessation to the service by virtue of which he was appointed as a Member of the State Council.

(b) The Chirpers on or any other Member appointed under any casual vacancy in the State Council under sub-section(3) of section22 of the act, shall hold office only for the remainder of the term of the member in whose place he has been appointed.

(9) Qualification, experience and manner of selection of the Members of the Council.

(a) The two members from each of the recognized categories as per Section 22 (3) (e) of the act shall be nominated by the Government.

a) No Institution shall be represented by more than one nominee in the Commission at a time.

b) Qualification and experience: A person having an outstanding ability, proven administrative capacity and integrity, possessing requisite qualification in any profession of recognized category of allied and healthcare sciences from any University with requisite experience in the field of allied and healthcare sciences (as mentioned in sub-rule (9) (a) (C) below), out of which at least seven years shall be as a leader in the allied and healthcare professions.

c) They shall have following education qualification against the respective recognized category. All

post-graduate/graduate/diploma courses should be from recognized university or deemed university from the University Grant Commission or institution should be recognized by authorized Board/Council/Agency by State/Central Government to award/recognize the course. The qualification shall be as amended by the State Government from time to time.

Sl. No.	Recognized Categories	Experience and Qualification for Member of the Council
1	Medical Laboratory & Life Sciences a. Life Science Professional i. Biotechnologist ii. Biochemist (Non-Clinical) iii. Cell Geneticist iv. Microbiologist (Non-Clinical) v. Molecular Biologist (Non-Clinical vi. Molecular Geneticist b. Medical Laboratory Sciences Professional i. Cytotechnologist ii. Forensic Science Technologist iii. Histotechnologist iv. Haemato Technologist v. Medical Lab Technologist	1. BTech (Biotechnology) with 20 years of academic / practice experience 2. MSc (Biochemistry) with 18 years of academic / practice experience 3. MSc (Microbiology) with 18 years of academic / practice experience 4. MSc in following courses with 18 years of academic/practice experience. a. Genetics b. Applied Genetics c. Microbial Genetics d. Bioinformatics e. Molecular Biology & Human Genetics f. Stem Cell & Tissue Engineering g. Forensic Sciences 5. Bachelors program is usually of 3 years duration with 6 months to a one-year internship from recognized university/Institution with 20 years of academic or practice experience. a. BSc Genetics b. BSc Microbiology & Chemistry c. Forensic sciences 6. M.Sc. in MLT / Pathology Technology with 18 years of academic / practice experience, OR, 7. BMLT- bachelors program- is usually of 3-year duration with 6 months to a one-year internship from recognised university/ institution with 20 years of academic / practice experience, OR, 8. Diploma in Medical Lab technology (DMLT) with 25 years of academic/practice experience 9. Diploma in Medical Laboratory Science with 25 years of experience a. Cytogenetics b. Histopathology 10. PG Diploma in following courses with 20 years of academic/practice experience 11. Any degree or diploma with certificate course in Blood Banking/Transfusion Technology with 25 years of academic / practice experience 12. PhD in any of the above subjects with 15 years of academic / practice experience
	Trauma, Burn Care and Surgical/ Anaesthesia related Technology a. Trauma & Burn Care Professional i. Advance Care Paramedic ii. Burn Care Technologist iii. Emergency Medical Technologist (Paramedic) b. Surgical & Anaesthesia-related Technology Professional i. Anaesthesia Assistants & Technologists ii. Operation Theatre (OT) Technologists iii. Endoscopy & Laparoscopy	1. Post-Graduate Diploma in Anaesthesiology/ OTT/Endoscopy with 20 years of experience post-qualification, OR, 2. B.Sc. in Critical Care Technology / Advance Care Paramedic/Operation Theatre Technology/Endoscopy with 20 years of experience post-qualification, OR, 3. Diploma in Emergency and Trauma Care / OT Technician/Endoscopy with 25 years of experience 4. Diploma in Anaesthesia Technician

	Technologists	Training with 25 years of academic / practice experience 5. PhD in any of the above subjects with 15 years of academic / practice experience
3	Physiotherapy Professional a. Physiotherapist	1. M.Sc. – Physiotherapywith 18 years of experience,OR 2. B.Sc. – Physiotherapy with 20 years of experience, OR, 3. Diploma in Physiotherapy with 25 years of experience 4. PhD in any of the above subjects with 15 years of academic / practice experience
4	Nutrition Science Professional a. Dietician (including Clinical Dietician, Food Service Dietician) b. Nutritionist (including Public Health Nutritionist, Sports Nutritionist)	1. P.G. Diploma in Dietetics / Dietetics and Public Health / Applied Nutrition with 20 years of experience or 2. M.Sc. – Nutrition and Dietetics / Clinical Nutrition with 18 years of experience, OR, 3. B.Sc. Nutrition and Dietetics / Clinical Nutrition and Dietetics with 20 years of experience, OR, 4. Diploma in Diet Assistant / Nutrition and Dietetics / Nutrition and Health Education with 25 years of experience PhD in any of the above subjects with 15 years of academic / practice experience
5.	Ophthalmic Sciences Professional a. Optometrist b. Ophthalmic Assistant c. Vision Technician	1. Master of Optometry & Ophthalmic Technology with 18 years of experience, OR, 2. B.Sc. - Ophthalmic Technology / Optometry with 20 years of experience, OR, 3. Diploma in Ophthalmic Technology with 25 years of experience 4. Diploma in Ophthalmic Assistant with 25 years of experience. 5. PhD in any of the above subjects with 15 years of academic / practice experience
6.	Occupational Therapy Professional a. Occupational Therapist	1. Master in Occupational Therapy / Physiotherapy with 18 years of experience, OR, 2. Bachelor of Occupational Therapy with 20 years of experience, OR, 3. Diploma in Occupational Therapy with 25 years of experience PhD in any of the above subjects with 15 years of academic / practice experience
7	Community Care, Behavioural Health Sciences & other Professional a. Community Care i. Environment Protection Officer ii. Ecologist iii. Community Health Promoter iv. Occupational Health & Safety Officer (Inspector) b. Behavioral Health Sciences Professional i. Psychologist (ExceptClinicalPsychologistcoveredunder RCI for PWD) ii. Behavioral Analyst iii. Integrated Behavior Health Counsellor iv. Health Educator and Counsellors including Disease Counsellors, Diabetes Educators, Lactation Consultants v. Social workers includingClinical Social Worker, Psychiatric Social Worker, Medical Social Worker vi. Human Immunodeficiency Virus (HIV) Counsellors or Family Planning Counsellors	1. M.Sc. or Post Graduate Diploma a. Disaster Management b. Environmental Science c. Environment & Sustainable Development d. Habitat & Population Studies e. Community Health Nursing f. Occupation Health g. Psychology h. Psychiatric Nursing i. Mental Health j. Psychometry and Psycho Rehabilitation k. Psychotherapy and Counselling l. Counselling m. Podiatric and other educational qualification not less than post-graduate diploma under the category with 18 years of experience, OR, 2. Master of Social Work (MSW) with 18 years of academic / practice experience

	vii. Mental Health Support Workers c. Other Care Professionals i. Podiatrist ii. PalliativeCare Professionals MovementTherapist (including Art, Dance and Movement Therapist or Recreational Therapist)	3. B.A. or B.Sc. Environmental Science / Ecology / Environment and Sustainable Development/Psychology / Podiatric / and other educational qualification not less than undergraduate course equivalent to B.A. or B.Sc. or any equivalent para-medical course with additional certificate course not less than of 12 weeks under the category with 20 years of practice post qualification i.e. B.A./B.Sc./Certificate, OR, 4. Diploma in Environmental Science and Ecology / Environment and Sustainable Development/Community Health and other educational qualification not less than diploma course duration of 1 to 2 years under the category with 25 years of experience PhD in any of the above subjects with 15 years of academic / practice experience
8	Medical Radiology, Imaging and Therapeutic Technology Professional a. MedicalPhysicist b. NuclearMedicine Technologist c. RadiologyandImaging Technologist [Diagnostic Medical Radiographer, Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Mammographer, Diagnostic Medical Sonographers] d. Radiotherapy Technologist e. Dosimetrist	1. Master in Radiation Technology and/or other equivalent relevant courses with 18 years of experience, OR, 2. B.Sc. - Nuclear Medicine / Radiography/ Radio Therapy / Medical Imaging Technology / X-Ray Technology with 20 years of experience 3. Diploma in x-ray technology / Medical Imaging Technology (DMIT) with 25 years of experience 4. Any degree or diploma with Certificate of Radiographic Assistant (CRA) with 25 years of academic / practice experience 5. Dark Room Assistant (DRA) with 25 years of academic / practice experience PhD in any of the above subjects with 15 years of academic / practice experience
9.	Medical Technologists and Physician Associate a. Biomedical and Medical Equipment Technology Professional i. Biomedical Engineer ii. Medical Equipment Technologist b. Physician Associate or Physician Assistant i. Physician Associates c. Cardio-vascular, Neuroscience and Pulmonary Technology Professional i. Cardiovascular Technologists ii. Perfusionist iii. Respiratory Technologist iv. Electrocardiogram(ECG) TechnologistorEchocardiogram (ECHO) Technologist v. Electroencephalogram(EEG) or Electro-neurodiagnostic (END) orElectromyography (EMG) Technologistsor Neuro LabTechnologistsorSleepLabTechnologists d. Renal Technology Professional i. Dialysis Therapy Technologists or Urology Technologists	1. BTech in Biomedical Engineering with 20 years of academic or practice experience 2. Diploma in Biomedical Engineering with 25 years of academic or practice experience 3. B.Sc. – Bio-Technology / Respiratory Therapy Technology / Dialysis Therapy and any other course of three years or more curriculum duration related under this category with 20 years of experience post qualification, OR, 4. In case of professional with post-graduate diploma or M.Sc./MTechin respective qualification experience of 18 years post qualification will be required, OR, 5. Diploma in Dialysis Technology with 25 years of experience 6. Diploma in Dialysis Technician Training with 25 years of experience 7. Any degree or diploma with ECG Technician Training with 25 years of academic / practice experience 8. Any degree or diploma with Cardiology Technician Training with 25 years of academic / practice experience 9. Any degree or diploma with Cath Lab Technician Training with 25 years of academic / practice experience 10. Any degree or diploma with Perfusion Technology Training with 25 years of academic / practice experience. 11. PhD in any of the above subjects with 15 years of academic / practice experience

10.	Health Information Management and Health Informatic Professional a. Health Information Management Professional (Including Medical Records Analyst) b. Health Information Management Technologist c. Clinical Coder Medical Secretary and Medical Transcriptionist	1. M.Sc. / post-graduate diploma in Medical Record / Health Information Management with 18 years of experience, OR, 2. B.Sc. in Medical Record Technology/Health Information Management with 20 years of experience 3. Diploma in Medical Record Technology with 25 years of experience PhD in any of the above subjects with 15 years of academic / practice experience

(b) The two members as per Section 22 (3) (f) of the act shall be nominated by the State Government from

A). amongst the charitable institutions

B). which have been in operation for at least fifteen years

C). operating providing education or services in connection with any recognized category

D). preferably with a tertiary or super-specialty hospital engaged in direct deliveryof affordable healthcare service and education.

E). No Institution shall be represented by more than one nominee in the Commission at a time.

F). Qualification and experience: A person having an outstanding ability, proven administrative capacity and integrity, out of which at least seven years shall be as a leaderin the allied and healthcare professions discharging duties in the capacity of President or Vice President or Secretary of the charitable institution

G). The member should not have conflict of interest by being member to the council

H). The Charitable Institution should have its income or balance sheet audited by qualified auditors for the last 10 years.

I). The institution should not be black listed or derecognized for any lapses anytime in the past.

(10) Salaries and allowances payable to, and other conditions of service of, Chairperson of the Council

(a) The salary payable to the Chairperson of the Council shall be Rs.90,000/- per month or as amended by the State Government from time to time.

(b) Provided that where the Chairperson of the Council is a retired person from Government, semi-Government agencies, public sector undertakings or recognized research institutions, the salary payable together with the pension or pensionary value of the terminal benefits, or both, received by him shall not exceed the last pay drawn.

(c) If the Chairperson of the Council is in service of the Central Government or a State Government, his salary and allowances shall be regulated in accordance with the rules applicable to him or sub-rule(a) above, whichever is

higher and his tenure in the Council shall be 'transfer on deputation', in terms of prevalent rules of the State Government.

(d) Declaration of assets, professional and commercial engagement or involvement by Chairperson of the Council-

- The Chairperson of the Council shall file return of assets and liabilities in the manner as per prevalent rules or guidelines for employees of equivalent level in the State Government.
- The Chairperson of the Council shall also declare their professional and commercial engagements or involvement on the first appointment and at the time of demitting office in Form-A as in the annexure to National Commission for Allied and Healthcare Professions Rules, 2021.

4. **Payment of office and allowances.**

1) The Members of the Council shall be entitled for a sitting fee of Rs.2000/- (Rupees two thousand only) per day, on the day of meeting officially convened.

2) Travelling allowances (TA)

(a) The Chairperson of the Council shall be entitled to Travel by Air in Economy class or by train in the second-class AC fare of express train for official tours and journeys or as may be changed from time to time.

(b) All the Members of the Council shall be entitled to Travel by train in the second-class AC fare of express train for official tours and journeys or as may be changed from time to time.

(c) The in service members of the council are entitled as per their entitlement in their parent department

3) Daily allowances (DA)

(a) The Chairperson of the Council shall be entitled Rs.500/- per day for official tours and journeys or as may be changed from time to time.

(b) All the Members of the Council shall be entitled Rs.400/- per day for official tours and journeys or as may be changed from time to time.

(c) The in service members of the council are entitled as per their entitlement in their parent department. Provided that the official members including Chirpers on shall not draw the said amount from department where there are working.

4) **Accommodation:** The Chairperson, members & the in service members are entitled to stay in any Government Guest house available locally during their official tours for which the office of the council shall make prior arrangements.

5) **Leave:**

A. Chairperson:

- He/she shall be entitled for 30 days of leave per year
- The Government will be the leave sanctioning authority

B. In-service Members: are entitled as per their entitlement in their parent department

5. **Secretary to the Council:**

1) Method of appointment: Government shall appoint an Officer or Retired Officer not below the rank of Joint Secretary to Government as Secretary of the Council.

2) Terms & Conditions of the officer shall be issued by the cadre controlling authority in case of serving officer and the Health Department in case of retired officer

3) Pay & Allowances:

(a) In the event of appointing a serving officer as Secretary of the Council, he/ she shall been titled to his own pay and allowances drawing in his parent department prior to his appointment as Secretary to the Council. He is also entitled to draw his regular annual grade increments.

(b) In the event of appointing a Retired Officer as Secretary, he/she shall be entitled to receive such emoluments as may be fixed by the Government from time to time.

6. **Maintenance of registers:**

(1) Separate Form of Register shall be maintained for each Allied & healthcare Professional declared as such by the Government.

(2) The Form of Register shall be maintained both manually and electronically.

(3) Secretary of the Council is the custodian of the registers and verify the same by the end of the each month

(4) The Secretary of the Council shall issue a Certificate of Registration in the prescribed Form- III appended to these rules on entering the particulars in the register.

(5) If the original Certificate of Registration is lost, a candidate shall apply for a duplicate certificate through the institution from which he obtained training along with the production of documentary evidence for loss of original certificates and with the payment of fee as prescribed in rule-8. The word "DUPLICATE" shall be clearly printed a cross the Certificate of Registration (Duplicate) in the same Form–III

(6) Where the address of any Allied & Healthcare Professional found to be incorrect subsequently, the Secretary shall write a registered letter to him with acknowledgement due at his last known address available in the register and ask him to furnish his correct address. The Secretary may also make other endeavors to ascertain the correct address.

(7) If no information regarding the correct address is received from the Professional or from any other authentic source, the word "Correct address not found" shall be entered in the address column of the register against the name of the Professional.

(8) Where authentic information is available that a Professional is dead, the Secretary shall delete his name from the register concerned.

(9) All persons registered by the Council under whatever Degree/ Diploma or Certificate are legally qualified for the practice as Allied & Healthcare Professional.

(10) Every person shall apply to the Secretary to the Council, one month before the due date for renewal of his Registration along with the fee prescribed in rule-9.

(11) If application for renewal is received after due date, his name is liable for removal from the registrar. Unless the fine prescribed along with the renewal fees is paid to the Council, his/her name will not be restored/reentered in the register.

7. **Conduct of Business of the Council:**

(1) The Chairperson shall chair all meetings of the Council.

(2) The Chairperson shall decide and intimate the venue and manner of the meeting

(3) Adjournment for want of quorum :-

a) The quorum of the meeting shall be one-half of the total number of the members of the Council including Chairperson. If at any time appointed for a meeting or during the course of any meeting or during the course of any meeting, a quorum is not present, the meeting shall be adjourned, and if a quorum is not present, on the expiration of thirty minutes from such adjournment, the meeting shall stand adjourned to such future date and time as the Chairperson of the Council may appoint.

b) Quorum for special meeting shall be one-third of the total members of the Council, including Chairperson.

(4) Details of Conduct of business:

a) Every matter raised by a member shall be determined on a motion moved by the member duly seconded and put to the Council by the Chairperson.

b) When a motion has been moved and seconded and put to the Council by the Chairperson, it may be discussed as a question to be resolved either in the affirmative or in the negative or any member may move an amendment to the motion

c) Provided that the Chairperson shall not allow an amendment to be moved which, it had been a substantive motion, would have been inadmissible considering is beyond the scope of functions of the Council.

d) Any motion or amendment standing in the name of a member who is absent from the meeting may be brought forward by another member with the permission of the Chairperson.

e) Amendment to Motions :- When an amendment to any motion is moved and seconded or when two or more such amendments are moved and seconded, the Chairperson shall decide whose motion shall be moved and the other motion or motions shall thereupon be decided to be withdrawn.

f) Scope of amendments :-

- An amendment shall be relevant to, and with the scope

of, the motion to which it is proposed

- An amendment may not be moved that negates the original motion.
- The Chairperson may refuse to put to the Council an amendment which in his opinion is not relevant to the motion
- Form of Amendments :- A motion may be amended by –
- The omission, insertion or addition of words, or
- The substitution of words for any of the original words.

g) **Debate**

- When a motion or amendment is under debate, no proposal with reference thereto shall be made other than –
- an amendment of the motion or of the amendment as the case may be
- a motion for amendment of the debate on the motion or amendment either to a specified date and hour or sine die
- a motion for the closure, namely a motion that the question be now put.
- a motion that the Council instead of proceeding to deal with the motion do pass to the next item on the program of the business :Provided that no motion of the nature shall be moved or seconded by a member who has already spoken to the question then before the meeting. Provided further that a motion referred for closure or passage to next item shall be moved without any speech.
- It shall be the discretion of the Chairperson to accept or refuse a proposal for the adjournment of the debate on the motion or amendment.
- Upon accepting the closure motion, the Chairperson shall put the substantive motion or amendment to vote after allowing the mover the right to reply.

h) Withdrawal of motion :- A motion or an amendment which has been moved and seconded shall not be withdrawn save with the leave of the Council which shall not be deemed to be granted, if any member dissents from granting of leave.

i) Discussion by Members :- When a motion has been moved and seconded, members other than the mover and the seconder may speak on the motion in such order as the case may be, and speak on the motion in such order as the Chairperson may direct :Provided that the seconder of a motion or of an amendment may, with the permission of the Chairperson, confine himself to seconding the motion or amendment as the case may be, and speak thereon at any subsequent stage of the debate.

j) Right of reply of the mover :-

- The mover of the motion and if permitted by the Chairperson, the mover of any amendment, shall be entitled to a right of final reply and no other member shall speak more than once to any debate except with the permission of the Chairperson, for the purpose of making a personal explanation or of putting a question to the member then addressing the Council:

- Provided that a member may at any stage of the debate may raise a point of order substantially incorporating therein a point of law, or a statutory procedure, but shall not be allowed to make any speech: Provided further that a member who has spoken on a motion may speak again on an amendment subsequently moved to the motion.

k) Voting on Motion: - When any motion involving several points has been discussed, it shall be in the discretion of the Chairperson to divide the motion and put each or any point separately to vote as he may think fit

l) Voting on amendment to Motion :-

- An amendment to a motion shall be put to vote.
- If there are more amendments than one to a motion, the Chairperson shall decide the order in which they shall be taken up.
- Voting shall ordinarily be by show of hands, but it may by ballots in case a demand to that effect is made by not less than three members
- The result of the votes shall be announced by the Chairperson.
- In the event of equality of votes, the Chairperson shall have a second or casting vote

m) Adjournment of meetings :- The Chairperson may if he deems necessary at any time, adjourn any meeting to any future date or to any hour of the same day stating the reasons thereof

n) Wherever a meeting is adjourned to a future date, the Secretary shall send notice of the adjourned meeting to all the members.

o) When a meeting has been adjourned to a future date and the Chairperson changes it to any other date for compelling reasons, the Secretary shall communicate the said change to each member.

p) At a meeting adjourned to a future date any motion standing over from the previous day shall, unless the Chairperson otherwise directs, takes precedence over other matters on the agenda.

q) Either at the beginning of the meeting or after conclusion of the debate on a motion during the meeting, the Chairperson may suggest a change in the order of business on the agenda and if the Chairperson agrees such a change shall take place.

r) No matter which had not been on the agenda of the original meeting shall be discussed at an adjourned meeting.

s) The same quorum shall be necessary for an adjourned meeting as for the ordinary meeting

t) Points of Order :-

- The Chairperson shall decide all the points of order or disputes which may arise in any meeting.

- If any question arises with reference to procedure in

respect of a matter for which these rules have no provision, the Chairperson shall decide the same.

- Authorized persons to attend Council meetings:- In the meetings of the Council, no person other than the members, officers and employees of the Council, or a person eligible as per sub-section (2) of Section 10 of the Central Act, shall be present except with the prior permission or special invitation of the Chairperson.

8. **Seal of the Council:** The Council shall have a seal. The Secretary shall sign every instrument to which seals to be affixed.

9. Fees: The following fees shall be payable to the Council by the Allied & Healthcare Professional and Allied & Health care Institutions for various purposes through online payment portal on a nationalized bank in favor of the "The Andhra Pradesh Allied & Healthcare Professionals Council" and submit to the Secretary of the Council.

1. Allied & Health care Professional,-

Sl. No.	Purpose	Amount Rs.
1	Registration/Renewal of Registration	200/- or as amended by Government from time to time
2	Every additional qualification	200/- or as amended by Government from time to time
3	Penalty for restoration of the name to the register after removal for non-payment.	200/-per Month or as amended by Government from time to time
4	Certified copy of an entry in the register	200/- or as amended by Government from time to time
5	Issue of duplicate certificate	400/- or as amended by Government from time to time
6	Application form for Registration or Renewal of Registration	200/- or as amended by Government from time to time

2. Allied & Health care Institutions

Sl. No.	Purpose	Amount Rs.
1	Recognition of the institution	10,000/- or as amended by Government from time to time
2	Change of address of the establishment	3,000/- or as amended by Government from time to time
3	Issue of duplicate certificate of Recognition	3,000/- or as amended by Government from time to time
4	Inspection for enhancement of seats per each course	10,000/- or as amended by Government from time to time
5	Application form for Recognition of Allied & Healthcare Institutions(induplicate)	1,000/- or as amended by Government from time to time

10. Manner of sums of money received by the Council: For the purpose of enabling the Council to discharge its functions efficiently under the Act, the State Government may, after due appropriation made by Legislature by law in this behalf, pay to the Commission in each financial year such sums of money and in such manner as it may think fit.

11. Manner of application of fund for expenses incurred in discharge of

the functions of Commission:

(a) Financial statements - The Commission shall maintain its accounts and prepare annual financial statements in accordance with the instructions and accounting principles as issued by the Comptroller and Auditor-General of India from time to time in this regard.

(b) Incurring of expenditure by Council - Every officer of the Council incurring or authorizing expenditure from the Andhra Pradesh Allied and Healthcare Fund shall be guided by the standards of financial propriety and the General Financial Rules, 2017 issued by the Central Government or relevant rules issued by the State Government.

12. **Annual statement of accounts**

1) At the end of a period of twelve months ending with the 31st March of every year, the Council shall prepare the following annual financial statements, along with necessary schedules, notes on accounts and significant accounting policies in accordance with the notes and instructions for compilation of financial statements prescribed by the State Government, in the Department of Finance.
   (a) Balance sheet
   (b) Income and expenditure account
   (c) Receipt and payment account.

2) The annual financial statements shall be approved and adopted by the Council and, for the purposes of authentication, be signed by the Chairperson and Secretary of the Council.

3) The approved annual financial statements of the Council shall be forwarded by the Council to the State Government, Department of Finance or any other person appointed by him on his behalf within three months after the expiry of the year for the purposes of audit.

4) The annual accounts of the Council, as certified by the Secretary to the State Government, Department of Finance or any other person appointed by him on his behalf, together with the audit report thereon after adoption by the Council, shall be forwarded to the State Government for lying before both the Houses of Legislature.

13. **Annual accounts**

The annual accounts of the Council shall be audited and certified by the Auditors and forwarded along with the annual report to the Government.

14. **Form and time period for preparing annual report of the Council**

(1) The Council shall prepare once in every year an annual report in respect of the matters specified in Annexure III of the Schedule annexed to the rules.

(2) The Council shall submit annual report to the State Government by 30th September of every year in a Portable Document Format (PDF) by electronic mode and forward two hard copies of the same by speed post or registered post to the Joint Secretary to the State Government, Department of Health, Medical and Family Welfare, in-charge of the affairs of the Andhra Pradesh Allied and

Healthcare Professions Council.

15. If the Council comes to a conclusion based on any enquiry report that any offence coming within the purview of any of the provisions under Sections 30, 31, 32, & 34 of the Act has been committed by any Institution and therein established evidence that the offence has been committed with the consent or connivance of, orisattributable to any neglect on the part of any Director, Manager, Doctor,

Allied & Healthcare Professional or any other officer in-charge of the said Institution, a compliant can be lodged against the such person or Institution either by the Secretary or by an officer authorized by the Council

16. **Eligibility for Registration**

Any person who possess the recognized qualification as defined in the Act, shall be eligible for Registration of his /her name under the provisions of the Act.

17. **Registration**

(1) Any person seeking registration under Section 33 of the Act shall apply to the Secretary of the Council in prescribed **Form I** furnishing full particulars of the information required therein. He / she shall attach to the application the original Degree / Diploma / Certificate along with a Photostat copy and payment of fees prescribed in **rule9.**

(2) The Allied & Healthcare Professional herein after shall register his/ her name within a period of three (3) months from the date of obtaining certificate. After entering the name in register, the original certificate (s) shall be re turned to the applicant.

(3) The Secretary or a person authorized in this behalf, shall acknowledge the receipt of application for registration in the prescribed Form-II.

(4) Everyapplicantwhosenamehasbeenenteredintheregistersh allbeentitled to receive a Certificate of Registration from the Secretary in the prescribed Form III.

(5) **Form of Register** as prescribed in **Annexure –I** shall be authenticated by the Secretary.

(6) The Secretary may reject the grant of registration by recording the reasons there for in the prescribed **Form-IX.**

(7) An Appeal can be filed by the applicant who is aggrieved by the rejection to grant registration to the Council in the prescribed **Form-X.**

(8) Sufficient space shall be left for future additions or change of address or qualifications, etc.,

(9) Every registration shall be valid for a period of 5 years

(10) Applicant for registration shall in all cases specify in the application the names and address of at least two persons willing and able to give evidence of good moral character of the applicant:-

(a) One of them should be a Medical Practitioner and not being a relation of the applicant who knows the applicant personally for not less than three (3)years.

(b) Another person shall be a person in whose employment the applicant is on the date of application or who has employed the applicant at any time within (2) two years prior to such date or from a Gazetted officer in case of the applicant being unemployed.

(11) In the event of certificate issued under sub rule (4) above being lost or destroyed, the holder may at any time during which such certificate is in force, apply to the Secretary for a duplicate certificate and the Secretary may, if he thinks fit on satisfactory proof as to the identity of the applicant, rant such certificate on payment of the fees prescribed. Certificates issued under this shall be marked "duplicate".

(12) Application for Registration of any additional qualification shall be submitted in prescribed **Form IV** to the Secretary along with the payment offees prescribed in **rule 9.** The Secretary or authorized person in his office in this behalf shall acknowledge the receipt of application for registration of additional qualification in acknowledgement slip as prescribed in **Form-II** annexed to these rules.

(13) On Registration of any additional qualifications, the Secretary shall grant such a certificate prescribed in **Form-V.**

(14) Every person who registered his/her name with the Council shall intimate to the Secretary about change of his/her address with in fifteen(15)days.

(15) Certified copies of the entries in the register prescribed in **Annexure-I** maybe issued to any one on payment of the fees prescribed in **rule-9**for genuine purpose only.

18. **Renewal of Registration**

(1) The holder of the Certificate of the registration issued under **rule-17 (4)** shall submit an application prescribed in **Form-VI** to the Secretary to renew his /her registration at least three (3) months before the expiry of the period of validity of the certificate of registration along with the fees prescribed in**rule-9**.

(2) The application so received, shall be examined and a certificate of renewal of registration prescribed in **Form-VII** issued to the applicant before expiry of the said period of validity of Certificate of registration.

(3) If renewal fee is not paid before the due date, the Secretary shall remove the name of the defaulter from the register under intimation to the technician and the authority where he is working.

19. **Removal of name from the register:**

(1).

(a). Whenever any information is received that a holder of

certificate of registration is involved in the acts mentioned in Section 36 of the Act has been convicted of an offence by any judicial authority in relation to his/her professional conduct has been found guilty or any misconduct involving moral turpitude, the Secretary after making enquiries relating thereto and after a written explanation is called for from the holder, shall place the matter before the Council and the Council may remove the name of the holder from the register permanently or for a specified time.

(b). In case where an appeal is pending against conviction and the conviction is not stayed / suspended by the competent court, it shall be competent for the Council to remove the name of the individual from the register after giving an opportunity to the individual for making representation and his name can be restored after the acquittal by the competent court subject to payment offees and penalty under these rules.

(2) In case of removal of the name from register for the facts mentioned under Section 36 of the Act, except those cases referred to in sub-rule (1) of this rule, the Secretary shall send a register notice in writing in **Form-VIII**, specifying the nature and particulars of the charge against the holder and informing the time, date and place at which the case will be heard at least by giving twenty one (21) days' time for being heard. The registered notice shall be posted to the address of the holder as given in his/her application for registration.

(3) If the holder does not either attend in person or by a representation, the Council may proceed with the records available and decide the case.

(4) The Secretary shall communicate the decision of the Council by a register red letter prescribed in **Form-XI** to the individual and the authority, if any, where he/she is working

(5) In case of removal of the name of holder from the register, the Secretary shall delete his/her name from the register and cancel his/her certificate.

20. **Restoration:**

On receipt of application as prescribed in **Form –XII** by the applicant along with the payment of renewal fees and penalty as prescribed in **rule-9,** the name removed due to non-payment of renewal fee before due date, may be restored to the register .

21. Institution not recognized under the Act shall not establish Institution

No person shall establish a Allied & Healthcare Institution or conduct any Allied & Healthcare course for preparing students to acquire any recognized qualification without prior recognition of the Council.

22. **Recognition of Allied & Health care Institutions**

(1) A person or an existing institution offering training and preparing students to acquire any qualification in Allied & Healthcare courses shall submit the application in the prescribed **Form-XIII** (induplicate) to the Secretary of the

Council for recognition of the institution along with the fees prescribedin**rule-9.**

(2) If an existing institution is offering training in more than one course, it shall apply for separate recognition for each course of training.

(3) The Secretary or any person authorized in this behalf shall immediately acknowledge the receipt of the application for recognition in the prescribed **Form-XIV**.

(4).

a) As soon as an application is received from the existing institution, a temporary certificate of recognition prescribed in **Form XV** shall be issued by the Secretary to the applicant-institution with in a period of fifteen (15) days subject to the condition that the facilities in accordance with the standards fixed by the Council shall be provided within a period of one year from the date of granting temporary recognition.

b) The Secretary shall get an enquiry conducted on the availability of facilities in such Institutions and communicate the deficiencies to the said Institutions for rectification within the said period of temporary recognition.

c) The said Institution shall rectify the defects and inform the same to the Council at least forty five (45) days earlier before the expiry of the temporary recognition.

d) The Secretary shall get the facts of rectification of defects for deficiencies submitted by the institution verified and if found correct, recognition to such institution can be granted in **Form-XVI**.

e) In case of deficiencies subsist; the temporary recognition shall be withdrawn in **Form- XVII** as specified in the Act.

(5) On receipt of an application from a new institute for recognition, the Secretary of the Council shall conduct an enquiry/inspection of the institution within a period of three (3) month by an inspection team of the council.

(6) The Inspecting officers so appointed by the Council shall inspect and submit a report with reference to the availability of minimum standards prescribed by the council and also detailing the specific deficiencies to be corrected, if any.

(7) Copy of the inspection report pointing out the deficiencies, if any, shall be communicated to the Applicant-Institution within ten (10) days from the date of receipt of inspection report with a direction to rectify the deficiencies pointed out and inform the Secretary within a period of two months.

(8) The Applicant-Institution shall cooperate and provide all the relevant information and necessary assistance to the inspecting officers for expeditious and satisfactorycompletion of the inspection formalities. Refusal of entry of inspection teams to the Applicant-Institution and non-cooperation

during inspection is liable for rejection of the application for recognition under the provisions of Section 41ofthe Act

23. Certificate of Recognition:

(1) Based on inspection reports, the Secretary shall grant the Applicant-Institution a Certificate of Recognition (in duplicate), in the prescribed **Form-XVI,** after satisfying himself that the applicant- institution has complied with all the minimum requirements and facilities prescribed by the council and also the qualifications of the faculty in accordance with the standards to be fixed by the Council from time to time.

(2) One copy of the Certificate of Recognition shall be displayed prominently at the reception /entrance of the Institution. The Secretary shall clearly specify in the certificate the course of training under which the Institution is recognized, within take capacity.

(3) The Certificate of Recognition shall be non-transferable.

(4) In the event of any change of ownership, management or name of the institution, the Secretary shall be intimated before such change with necessary documents and the existing certificate be surrendered to the Secretary so as to issue a revised certificate of recognition incorporating the changes.

(5) On ceasing to function as an institution, or in case there is a change of course or change in address, both copies of the certificate of recognition shall be surrendered to the Secretary and fresh certificate of recognition shall be obtained after following the prescribed procedure.

24. Withdrawal of Recognition

(1) The Secretary on receipt of reliable information that the recognized institution has been guilty or any misconduct or on a written complaint that institution is violating any of the terms and conditions of the recognition or any of the given directions or has contravened any of the provisions of the Act or these Rules, after making enquiries thereto shall place are port before the Council.

(2) The Council after considering the report of the Secretary shall appoint an enquiry committee as per Section 43 of the Act to enquire into the matter and to submit a report to the Council.

(3) The committee shall give an opportunity to the person managing that Institution for making representation and receive necessary documentary evidence, if any, and submit a report to the Council.

(4) On receipt of report from the enquiry committee, it is competent for the Council to pass an order under Section 43 of the Act withdrawing the recognition of the Institution.

(5) Before passing the order, the Council shall issue a notice in the prescribed **Form-XVIII** for withdrawal of recognition giving an opportunity to the person managing that Institution for making representation within a period of seven (7)days from the date of receipt of the notice.

(6) If the Institution does not make representation within the stipulated time, the Council may proceed with the records available with it and decide the matter.

(7) The decision of the Council for withdrawal of recognition of the Institution shall be communicated by the Secretary in the prescribed **Form-XIX** to the institute and all other concerned.

25. Inspection of the Institutions

(1) The Council shall appoint inspecting officers under section 40 of the Act consisting of two doctors one of whom shall be a Professor/ Associate Professor of the subject concerned and one representative of the Council to conduct inspections for recognition or for periodical inspections of the institutions whether the required standards of training/ faculty are being maintained satisfactorily etc., The institutions shall cooperate within section team(s) of the Council for satisfactory completion.

(2) The Secretary or any officer authorized by the Council may enter into the premises of any recognized institutions to make any enquiry or inspection.

(BY ORDER AND IN THE NAME OF THE GOVERNOR OF ANDHRA PRADESH)

ANIL KUMAR SINGHAL
PRINCIPAL SECRETARY TO GOVERNMENT

To

1. The Commissioner of Printing, Stationery and stores purchase, A.P, Vijayawada.(for publication of the Notification in an extra-ordinary issue of A.P. Gazetette dated. and to furnish 100 copies to the Government).
2. Dr. Madhavi Konetigiri, Principal, Professor of Physiotherapy, Sri Venkateswara Institute of Medical Sciences University, Tirupathi.
3. Dr.Hari Charan Perigala, Professor & HoD,Dept of General Surgery, Kurnool Medical College, Kurnool.
4. Dr. P.Srinivasan, Professor & HoD, Department of Radiation & Oncology ACSR Govt Medical College & Deputy Superintendent GGH, Nellore.
5. Dr.D.M.Raghavendra Rao, Director of Medical Education, A.P, Vijayawada.

Copy to:-

6. The Secretary, Government of India, Department of Health & Family Welfare, Ministry of Health and Family Welfare, New Delhi.
7. All the Heads of the Department under the administrative control of HM&FW Department.
8. The Secretary, A.P Paramedical Board, A.P, Vijayawada.
9. The OSD to Hon'ble Chief Minister, A.P Secretariat.
10. The P.S to Hon'ble Dy.C.M(HFW&ME), A.P Secretariat.
11. The P.S to Principal Secretary to Government, HM&FW Department.
12. Sc(1589809)

//FORWARDED :: BY ORDER//

SECTION OFFICER

Enclosures to G.O.Ms.No.47, HM&FW(G.2)Dept. dated.12.03.2022.

FORM–I[Seerule-17(1)]

To
The Secretary,
APAHP Council

Sir,

S/o,D/o.,W/o. here by request you to enter my name in the register Of APAHP Council.....Technician) and arrange to issue Certificate of Registration for which I enclose the following documents: -

1. Original Certificate of the qualification issued by___for perusal and return
2. Three photo copies of the certificate for record:
3. Acrossed D.D/online payment portal receipt for Rs._/- dated: .....drawn on _Nationalized Bank in favor of the AP Allied & Healthcare Professional Council towards registration fee.
4. Character certificates(two)
5. Date of birth & place (please enclose true copy of the 10th class/S.S.C certificate)

The following **information** is submitted for record:

a) Permanent residential address.
b) Date of previous admission to the Register, if any
c) Qualification for registration, year of passing.
d) Date on which Degree/Diploma /Certificate was obtained
e) Name of the authority
f) If employed, please furnish the details of the employer,
g) Nationality & Religion
h) Date of next renewal of registration Additional information, if any, regarding removal of registration with date/restoration of registration
i) I bare the following two specific personal identification marks by which I may be identified:
   1. _____
   2. _____

I declare that the particulars furnished above are true and complete to the best of my knowledge and belief. I hereby declare that I have read over the instructions carefully and agreed to abide the rules and regulations of the Andhra Pradesh Allied and Healthcare Professional Council

Yours faithfully,

SIGNATURE OF THEAPPLICANT
Name & Address:

Place:-
Date:-

Signatures of the witnesses along with Name & Address:
1. _____

Enclosure-1totheApplicationinFormNo-I

FORM OF CERTIFICATE OF CHARACTER AND PROFESSIONAL EFFICIENCY

(To be given it herby Medical Practitioner/Employer/Former Employer /Government Doctor)

I certify that I know Sri/Smt./Kum.___S/o./W/o/D/o___R/o. House No. Personally for the last three(3) years and he is trust worthy and of good character. He/ She discharged her professional duties at all times in such manner so as to enable me to recommend his/her name for registration.

Place:

SIGNATURE WITH SEAL

Date:

Enclosure-2toForm-I

Certificate in support of above application

I certify that the above applicant Sri_____S/o _____is known to mean I believe him to below a person of good character and the facts stated by him in the above application are true and correct to the best of my knowledge and belief

Place:
Date:

SIGNATURE OF MEDICAL PRACTITIONER
Address with registration number

FORM-II[see rule17 (3)]

The Andhra Pradesh Allied and Healthcare Professional Council

ACKNOWLEDGEMENT

Received the application(induplicate)from
Sri/Smt/Kum._____
_____
_____
_____
For grant/ renewal/ of registration/of registration of additional qualification/of Allied & Healthcare Professional on.

The list of enclosures attached to the application in Form I have been verified and found correct.

On verification it is found that the following documents mentioned in the list of enclosures are not actually enclosed.
i.
ii.
iii.

This acknowledgement does not confer any right on the applicant for grant of registration/renewal of registration

Place:-

Date:-

Secretary APAHP Council

Office Seal

FORM–III[see sub-section (3) of section 33 of the act]

The Andhra Pradesh Allied and Healthcare Professional Council

CERTIFICATEOFREGISTRATION

Application Number &
Date Registration
Number & Date:
Name of the Qualification registered:

This is to certify that the name of the person who separticulars are given hereunder, has been duly registered and he/she is entitled to practice as an Allied and Healthcare Professional in_____

Name	Name of the Father/Husband	Qualification & date of passing of the Examination with Hall Ticket No.	Name of the Institution	Address of the Allied and Healthcare Professional

This certificate is valid till_____and has to be renewed on

Signature & Name of the Officer

SECRETARY SEAL OF THE OFFICE

N.B: Every Registered Allied and Healthcare Professional shall in for many change in his address to the Secretary immediately for making necessary entries in the Register.

FORM–IV[seerule -17 (12)]

APPLICATION FORM FOR REGISTRATION OF ADDITIONAL QUALIFICATION

To
The Secretary,
AP AHP Council

Sir,

I,.....S/o, D/o., W/o .....
Hereby request to enter my additional qualification (.....Technician) and arrange to issue Certificate of Registration for additional qualification for which I enclose the following documents:

1. Original certificate of the additional qualification issued by _____date for your perusal and return
2. Three Photostat copies of the certificate of additional qualification for your office record
3. A crossed D.D/online payment portal receipt for Rs.__/- dated:_____ draw nationalized Bank, towards Registration fee (enclosed)
4. Permanent address(b)Address for correspondence
5. Date of previous admission to the Register (copy enclosed)
6. If employed, please furnish the details of the employer,
7. Nationality & Religion:
8. Additional information, if any regarding date of removal of Registration/date of restoration of Registration
9. I bare the following two specific personal identification marks by which I may be identified:

1._____

2._____

I declare that the particulars furnished in this application form are true and correct to the best of my knowledge and belief. I hereby declare that I have read over the instructions carefully and agreed to abide the rules and regulations of the Andhra Pradesh Allied and Healthcare Professional Council.

Yours faithfully,

Signature & Name of the Applicant

Form– V (Seerule-17(13))

The Andhra Pradesh Allied and Healthcare Professional Council

CERTIFICATE OF REGISTRATION OF ADDITIONAL QUALIFICATION

Application Number & Date:

Additional Qualification Registration Number &Date:

Original Registration Number& Date:

Name of the Original Qualification registered:

Name of the Additional Qualification Registered:

This is to certify that Sri/Smt/Kum_____has duly registered his/her additional qualification with the Council and is entitled to practice as an Allied and Healthcare Professional in

Name	Name of the Father/Husband	Additional Qualification & date of passing of the Examination with Hall Ticket No.	Name of the Institution	Address of the Allied and Healthcare Professional

This certificate is valid till_____and has to be renewed on_____

Signature &Name of the Secretary
SEAL OF THE OFFICE

FORM-VI[seerule-18 (1)]

APPLICATION FOR RENEWAL OF REGISTRATION

To
The Secretary,
The Andhra Pradesh Allied and Healthcare Professional Council

Sir,

I request you to renew my Registration for a period of five(5)years for which I furnish the following particulars:

1. Date of issue of existing Certificate of Registration
   (Enclosed the original Certificate)
2. Date of Expiry of existing Registration
3. Particular so renewal fee paid(D.D.No., Name of the Bank, and Date)
   (Original D.D enclosed).
4. I hereby declare that the contents mentioned in the application are true and correct to the best of the my knowledge

Place:

Dated **(Signature)**

(Name and full address of the Applicant)

FORMVII [see rule-18(2)]

The Andhra Pradesh Allied and Healthcare Professional Council

.....

CERTIFICATE OF RENEWAL OF REGISTRATION

1. Application No. and Date._____
2. Date of issue of the existing Certificate of Registration._____
3. Date of expiry of existing Registration_____
4. Date of renewal of Registration_____
5. Renewal of Registration valid upto___.

This is to certify that the Registration of the name of

Sri/Smt/Kum_____with the council is here by renewed under the provisions of National Commission for Allied & Healthcare Professionals Act, 2021 and subject to the following conditions to practice as an Allied and Healthcare Professional

in

_____

_____

- This Renewal of Registration shall be in force for a period of Five (5) years from the date of issue.
- This Certificate shall be produced whenever it is required to the officer of the Council
- The Technician shall not violate the provisions of *The National Commission for Allied and Healthcare Professionals Act, 2021 as maybe amended from time to time* and the rules made there under.

Place:-

Signature & name

Date:-

Secretary
The Andhra Pradesh Allied and Healthcare Professional Council
[Office seal

Form VIII[Seerule-19(2)]

The Andhra Pradesh Allied and Healthcare Professional Council

NOTICE

Reference No_____date__

To
Sri/Smt./ Kum._____ I hereby give you the notice that information and evidence have been placed before the Council with the following charge against you viz.,

_____

_____

And that in relation there to you have been guilty of in famous conduct in professional respect

OR

That you were convicted on the day of_____at____for the following offence viz.,

_____

_____

You are hereby required to attend before the undersigned at_on ___at the O/o APAHP Council to submit your explanation in writing to the above charges to establish any denial or defense along with documents relevant to the matter.

You are here by further informed that if you do not attend as required above the undersigned will proceed with the material available with him and decide the matter.

SECRETARY
APAHP Council

Form-IX[see rule-17(6)]

The Andhra Pradesh Allied and Healthcare Professional Council

.....

REJECTION OF APPLICATION FOR GRANT OF REGISTRATION

Application Number and Date:
Date of Inspection:
Reference Number and Date:

In exercise of the powers conferred under the National Commission for Allied and Healthcare Professionals Act, 2021, the Council hereby reject the application for grant of recognition/ renewal of recognition submitted by;-

(1)	Name and address of the Allied and Healthcare Institution	
(2)	Reasons for rejection of application	

Signature & Name of the
Secretary(Office seal)

Form-X[Seerule-17 (7)]

APPEAL APPLICATION BEFORE
The Andhra Pradesh Allied and Healthcare Professional Council

1. Name and address of the Appellant-Technician
2. Number, date of the order of the Council against which the present appeal is filed(enclose certified copy of the order)
3. Grounds on which the appeal is made:
4. Prayer/relief sought in the Appeal
5. List of enclosures (other than the order refer red in item 2 above)
6. Declaration that the contents mentioned in appeal are true and correct to the best of the knowledge of the appellant

Place:
Date:

Signature

Name & address of the Allied and Healthcare Professional

Form–XI[see rule-19 (4)]

The Andhra Pradesh Allied and Healthcare Professional Council

ORDER

(a) Reference Number and Date:

(b) Registered notice number & date

(c) Date of hearing

(d) Whether Applicant has submitted answer in writing...Yes /No

(e) If so, what are the contents and documentary evidence produced.

(f) Are they satisfactory_____ Yes/No

(g) Point(s)for consideration in the case_____

(h) Findings _____

In exercise of the powers conferred under Section 36 of the National Commission for Allied and Healthcare Professionals Act, 2021, and also after perusal of the documentary evidence produced, the Council hereby
Cancel the certificate of registration

Place: -
Date:-

Signature & name of the Secretary

The Andhra Pradesh Allied and Healthcare Professional Council

Form–XII[Seerule20]

Application for restoration/re-entry of the name in the Register

To

The Secretary,

APAHP Council

Sir,

Sub: Restoration/reentry of my name in the register of the Council- Request- regarding

Ref: Council order number and date

****

I, the undersigned, do here by solemnly and sincerely state and declare that my name was duly registered in respect of the following qualifications:

Qualification	**Registration No.& Date**	**Date of Removal**
Additional Qualification	**Registration No.& Date**	**Date of Removal**

My name was removed from the register(s)for

(a) Default in payment of renewal fees;
(b) Complaint against me for in famous character or conviction

SinceIhavepaidtherenewalfees/thechargehasbeendroppedorclosed,Ireque stthat my name may please be restored/re-entered in the register.

I also declare that I have been residing at House No._____ and my occupation has been Relevant documents are enclosed for your record

Yours faithfully

Signature with Name & Address

SIGNATUREOFWITNESSES
With name & address:

1._____

2._____

FORMXIII[Seerule-22(1)]

APPLICATION FORM FOR RECOGNITION OF ALLIED AND HEALTH CARE INSTITUTI ON

(to be submitted in Duplicate)

1. Name of the Allied and Healthcare Institution and its full address
2. Name of Director or Authorized person for correspondence
3. Name and Address of Society/ Trust which established the Institution,:- [copy of Bye-Laws enclosed]
4. Whether the accommodation owned by the Institution If it is on lease/rent what is the period and conditions thereof? (Please Enclose the lease/rental deed)
5. The date of Establishment of Institution
6. Total area of Institution:
   (a) Open area
   (b) Constructed area
   (One set of photo graphs of the premises with its functional areas to be furnished)
7. Number of courses offered & their details
8. Names of faculty members with their Registered numbers from SMC/IMC
9. No. of Supporting staff(Please enclose list)
10. The List of Equipment and Furniture available (Pl. Enclose the details)
11. Details of Laboratory
12. The financial position of the Institute
13. Any other information relating to Hospital
14. Particulars of the recognition fee paid (D.D No., Name of the Bank, andDate)

I hereby declare that the information furnished above is true to the best of my knowledge and belief and if it is found later that any wrong information is furnished or suppressed the material facts, I will take full responsibility for the consequential action as per law. I further declare that the institution is willing to comply with the prescribed rules

Place: (Signature)
Dated:

(Name and Designation with full address and seal of the Institution

FORM-XIV[Seerule-12(3)]
The Andhra Pradesh Allied and Healthcare Professional Council
ACKNOWLEDGEMENT

Received the application (induplicate) from M/s_____

For grant/renewal/of recognition of Allied and Healthcare Institution on_____ The original D.D. bearing No./online payment portal receipt_____ dated_____ for Rs_____(Rupees_____only)drawn in favor of the AP Allied & Healthcare Professional Council towards fee.

The list of enclosures attached to the application in Form XIII have been verified and found correct.

On verification it is found that the following documents mentioned in the list of enclosures are not actually enclosed.

I. .
II. .
III. .
IV. .

This acknowledgement does not confer any right on the applicant for grant of registration/renewal of registration

Secretary
APAHP Council
Office Seal

FORM-XV[seerule-22(4)(a)]

The Andhra Pradesh Allied and Healthcare Professional Council
<<<<>>>>

CERTIFICATE OF TEMPORARY RECOGNITION OF ALLIED AND HEALTH CARE INSTITUTION

1. Application No. and Date:
2. Certificate No & Date:
3. Certificate Valid till:

This is to certify that M/s_____ located at_____ Is hereby temporarily recognized under the provisions of the National Commission for Allied and Healthcare Professionals Act, 2021, to train the students: (name of the course duly specifying the diploma/certificate with sanctioned in take capacity) Course Subject to the following conditions:-

This temporary recognition shall be in force for a period of one year from the date of issue and the certificate shall be surrendered to the Council on the next date of expiry of a period of one year.

This Certificate of temporary recognition is subject to the condition that theinstitutionshallprovidethefacilitiesinaccordancewiththestandardsfixedundert he provisions of the National Commission for Allied & Healthcare Professionals Act, 2021.

This Institution shall comply with the rules and regulation made under the provisions of the National Commission for Allied & Healthcare Professionals Act, 2021.

The Institute shall not rent, sell, transferor otherwise close down without obtaining prior permission of the Council.

Signature & Name of the
SECRETARY

FORM-XVI[Seerule-22(4)(d)]

The Andhra Pradesh Allied and Healthcare Professional Council

CERTIFICATE OF RECOGNITION OF ALLIED AND HEALTHCARE INSTITUTIONS

1. Application No. and Date:
2. Inspection Report No. and Date:
3. Date of issue of Certificate for Temporary Recognition:
4. Validity of the Temporary Recognition.
5. Recognition Certificate No & Date:
6. Recognition valid up to_____

This is to certify that M/s_____ located at_____ is hereby recognized under the provisions of the National Commission for Allied & Healthcare Professionals Act, 2021, to train the students in:_____ Subject to the following conditions:

- The certificate of recognition shall be in force for a period of five (5) years from the date of issue.
- The Certificate shall be produced whenever it is required to the officer authorized by the Council.
- The institution shall not rent, sell, transfer, change theequipment or personnel or otherwise closed own without obtaining prior permission of the Council.
- The institution shall not violate the provisions of National Commission for Allied & Healthcare Professionals Act, 2021
- The Institution shall pay annual registration fee specified in The AP Allied & Healthcare Professionals Rules for each course every year before the end of May specified in The AP Allied & Healthcare Professionals Rules as to consider admissions to the Institute

Signature & Name of the Secretary

FORM-XVII[Seerule-22(4)(e)]

The Andhra Pradesh Allied and Healthcare Professional Council

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WITHDRAWAL OF TEMPORARY RECOGNITION

Application Number and Date:

Date of Inspection:

Reference Number and Date:

In exercise of the powers conferred under the National Allied & Healthcare Professionals Act, 2021 the Council hereby withdraw the temporary recognition granted to:-

(1)	Name and address of the Allied & Healthcare Institution	
(2)	Reasons for rejection of application	

Signature & Name of the Secretary

(Office seal)

ANNEXURE-I(Seerule-17 (5))

The Andhra Pradesh Allied and Healthcare Professional Council

FORMOFREGISTER

1. Serial Number
2. Names in Full
3. Name of the Father/Husband
4. Date of Birth & Place
5. Permanent Residential Address:
6. Date of first admission to the Register, if any:
7. Qualification for Registration
8. Date and year in which Degree/Diploma/Certificate was obtained:
9. NameoftheUniversity/Board/Council/Institutionwhichissuethecertificate
10. If employed presently, name& address of the employer:
11. Address of the Hospital/Dispensary/previous Employer, if any
12. Nationalities and Religion.
13. Date of Renewal of Registration
14. Remarks (Removal of Registration with date/restoration of Registration if any)

Signature of the
SECRETARY

ANNEXURE-II
Recognized categories

1. Medical Laboratory & Life Sciences
    a) Life Science Professional
        i. Biotechnologist
        ii. Biochemist (Non-Clinical)
        iii. Cell Geneticist
        iv. Microbiologist (Non-Clinical)
        v. Molecular Biologist (Non-Clinical
        vi. Molecular Geneticist
    b) Medical Laboratory Sciences Professional
        i. Cytotechnologist
        ii. Forensic Science Technologist
        iii. Histotechnologist
        iv. Haemato Technologist
        v. Medical Lab Technologist
2. Trauma, Burn Care and Surgical/Anesthesia related Technology
        a. Trauma & Burn Care Professional
            i. Advance Care Paramedic
            ii. Burn Care Technologist
            iii. Emergency Medical Technologist (Paramedic)
        b. Surgical &Anesthesia-related Technology Professional
            i. Anesthesia Assistants & Technologists
            ii. Operation Theatre (OT) Technologists
            iii. Endoscopy & Laparoscopy Technologists
3. Physiotherapy Professional
    a) Physiotherapist
4. Nutrition Science Professional
    a) Dietician (including Clinical Dietician, Food Service Dietician)
    b) Nutritionist (including Public Health Nutritionist, Sports Nutritionist)
5. Ophthalmic Sciences Professional
    a) Optometrist
    b) Ophthalmic Assistant
    c) Vision Technician
6. Occupational Therapy Professional
    a) Occupational Therapist
7. Community Care, Behavioral Health Sciences & other Professional
    a) Community Care
        i. Environment Protection Officer

ii. Ecologist

iii. Community Health Promoter

iv. Occupational Health & Safety Officer (Inspector)

b) Behavioral Health Sciences Professional
   i. Psychologist (ExceptClinicalPsychologistcoveredunder RCI for PWD)
   ii. Behavioral Analyst
   iii. Integrated Behavior Health Counsellor
   iv. Health Educator and Counsellors including Disease Counsellors, Diabetes Educators, Lactation Consultants
   v. Social workers including Clinical Social Worker, Psychiatric Social Worker, Medical Social Worker
   vi. Human Immunodeficiency Virus (HIV) Counsellors or Family Planning Counsellors
   vii. Mental Health Support Workers

c) Other Care Professionals
   i. Podiatrist
   ii. Palliative Care Professionals
   iii. Movement Therapist (including Art, Dance and Movement Therapist or Recreational Therapist)

8. Medical Radiology, Imaging and Therapeutic Technology Professional

a) MedicalPhysicist
b) NuclearMedicine Technologist
c) RadiologyandImaging Technologist [Diagnostic Medical Radiographer, Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Mammographer, Diagnostic Medical Sonographers]
d) Radiotherapy Technologist
e) Dosimetrist

9. Medical Technologists and Physician Associate

a) Biomedical and Medical Equipment Technology Professional
   i. Biomedical Engineer
   ii. Medical Equipment Technologist

b) Physician Associate or Physician Assistant
   i. Physician Associates

c) Cardio-vascular, Neuroscience and Pulmonary Technology Professional

i) Cardiovascular Technologists
ii) Perfusionist
iii) Respiratory Technologist
iv) Electrocardiogram(ECG) TechnologistorEchocardiogram (ECHO) Technologist
v) Electroencephalogram(EEG) or Electro- neurodiagnostic (END) orElectromyography (EMG) Technologistsor Neuro LabTechnologistsorSleepLabTechnologists

d) Renal Technology Professional
   i) DialysisTherapy Technologists or Urology Technologists

10. Health Information Management and Health Informatics Professional

a) Health Information Management Professional (Including Medical Records Analyst)
b) Health Information Management Technologist

c) Clinical Coder

d) Medical Secretary and Medical Transcriptionist

Annexure III

[See Rule 14]

Annual Report of Andhra Pradesh Allied and Health Care Council

Year.....

1. Introduction
2. Constitution of the Council
3. Objectives of Council
4. Functions of the Council
5. Autonomous Boards
6. Recommendations of the Council
7. Activities of Council/Autonomous Boards/Committees constituted thereof
8. Standardization of curriculum and scope of practice with respect to each profession under the various professional categories
9. Task Shifting
10. Registration of Allied and Healthcare Professionals
11. Appeals
12. Accreditation and Rating of Institutions
13. Growth of Allied and Healthcare Education System (including State distribution)
    - (A) Universities / Institutions / Colleges
    - (B) Faculty Strength
    - (C) Student's Enrolment
    - (D) Graduated Students
    - (E) Employment statistics (Addition of workforce in the current year, percentage of studentswithout employment etc.)
    - (F) Research Development in Universities / Institutions
    - (G) Condensed Statistics on Growth of Allied and Healthcare Education
14. Guidelines for Determination of Fees for Seats in Private Institutions and Deemed Universities
15. Common Entrance Examination
16. Exit-cum-Licensing Examination
17. National Teachers Eligibility Test

    (State Teachers Eligibility Test)

18. Assessment of Health Care Including Human Resources for Health and Healthcare Infrastructure and Road Map for its Development.

19. Website

20. Legal Matters

21. Vigilance

22. Right to Information

23. Accounts and Establishment, including annual audit report

24. Publications

25. Miscellaneous

Date:

Form-A

STATEMENT OF PROFESSIONAL AND COMMERCIAL ENGAGEMENTS OR INVOLVEMENT ON FIRST APPOINTMENT AND AT THE TIME OF DEMITTING OFFICE

Sl. No	Relation	Name	Professional position held in last three years from the date of declarations, if any	Commercial engagements /involvement held in last three years from the date of declarations, if any
1	Self			
2	Spouse			
3	Depndent-1			
4	Dependent-2			
5*	Dependent-3			

* Add more rows, if necessary.

Date:

Signature of the Applicant

ANIL KUMAR SINGHAL
PRINCIPAL SECRETARY TO GOVERNMENT